MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18471

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden
STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) (First) Elenora (Middle) (Last) Black

4. DATE OF DEATH (Month) 8 (Day) 28 (Year) 1950

5. SEX Female
6. COLOR OR RACE a a
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH 11-30-1920
9. AGE last birthday 29 yrs. If under 1 year: Months 8, Days 28; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (State or foreign country) Eden, Somerset Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ernest Black
14. MOTHER'S MAIDEN NAME Joyce Hudson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Mrs. Joyce H. Black, Eden, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Intestinal Obstruction	8.26.50
570.5 Antecedent cause(s)		
122b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 26, 1950, to Aug 28, 1950, that I last saw the deceased alive on Aug 27, 1950, and that death occurred at 7:00 A.M. m., from the causes and on the date stated above.

SIGNATURE Eldon G. Marksman (Degree or title) ADDRESS Princess Anne, Md. DATE SIGNED 8.31.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 9-3-50
NAME OF CEMETERY OR CREMATORY Family Cemetery - Eden, Md
LOCATION (City, town, or county) Eden, Somerset Co. (State) Md.

DATE REC'D BY LOCAL REG. 8/31/50
REGISTRAR'S SIGNATURE R.S.H. Johnson, M.D. G.H.B.
24. FUNERAL DIRECTOR James B. Dashiell, Salisbury, Md ADDRESS

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 11 1990
JURDMD W.M.

Evidence for change of age shown on:
FILM No. G 128 SEP 26 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08472

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) (Last) Carroll
4. DATE OF DEATH (Month) 8 (Day) 30 (Year) 1950
5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 11-25-1893
9. AGE last birthday 56 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic Work
10b. KIND OF BUSINESS OR INDUSTRY Cooking
11. BIRTHPLACE (State or foreign country) Somerset
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Ishma James
14. MOTHER'S MAIDEN NAME India Dorman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Lavinia Corbin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Haemorrhage	8.25-8.29
331X Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 7, 1950, to Aug 29, 1950, that I last saw the deceased alive on Aug 28th, 1950, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eldon G. Marksman
ADDRESS Princess Anne md
DATE SIGNED 9.2.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 9-3-50
NAME OF CEMETERY OR CREMATORY John Wesley
LOCATION (City, town, or county) Princess Anne (State) md

DATE REC'D BY LOCAL REG. 9/2/50
REGISTRAR'S SIGNATURE R. S. Johnson, M.D. gd
24. FUNERAL DIRECTOR William H James Jr.
ADDRESS Princess Anne, md

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 7 1950
BUREAU V. S

18473

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingston
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Otto (Middle) F. (Last) Collins

4. DATE OF DEATH (Month) August (Day) 10 (Year) 1950

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug. 8, 1892

9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer & Night Watchman

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George F. Collins

14. MOTHER'S MAIDEN NAME Martha Ellen Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 212-14-4342

17. INFORMANT Emma M. Collins (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

910.3 Immediate cause (a) Broken Neck.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

186a (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓

19b. MAJOR FINDINGS OF OPERATION ✓

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. ✓

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Factory

(CITY OR TOWN) Near Kingston (COUNTY) Somerset (STATE) Md

TIME OF INJURY (Month) Aug (Day) 10 (Year) 1950 (Hour) 12 Midnight

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Cows fell on deceased while sleeping

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Henry M. Lankford (Degree or title) M.D. ADDRESS Princess Anne Md DATE SIGNED 8/14/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Aug 15-1950

NAME OF CEMETERY OR CREMATORY Ebenezer

LOCATION (City, town, or county) Marumsco (State) Somerset, Md

DATE REC'D BY LOCAL REG. August 14, 1950

REGISTRAR'S SIGNATURE Betty Massey

24. FUNERAL DIRECTOR Charles H. Ward ADDRESS Marion Md

60299

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 16 1950
U.S. BUREAU

Evidence for change of birth date shown on:

FILM No. G 128 OCT 2 - 1950

08474

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monie
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monie, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ella (Middle) Staten (Last) Hall

4. DATE OF DEATH (Month) August (Day) 24 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Nov 22 1877
9. AGE last birthday 73 yrs. If under 1 year Months 8 Days 23 If under 24 hrs. Hours 11 Min. 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (State or foreign country) Monie, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Noble
14. MOTHER'S MAIDEN NAME Charlotte McNorman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Edward Jane Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH One week

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) ✓ (COUNTY) ✓ (STATE) ✓
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from One 19 week, 19....., that I last saw the deceased alive on 8/22 1950, and that death occurred at 11/50 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. J. Smith M.D. ADDRESS Princess Anne Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF August 26 1950
NAME OF CEMETERY OR CREMATORY Jr. Ma Cemetery
LOCATION (City, town, or county) Oriole, Md (State)

DATE REC'D BY LOCAL REG. 8/25/50
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. gd
24. FUNERAL DIRECTOR Dale Roskell ADDRESS Princess Anne Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 28 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

08475

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Crisfield
STREET ADDRESS (If rural give location): Chesapeake Ave. Extended

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Edgar Washington Horsey

4. DATE OF DEATH (Month) (Day) (Year): Aug. 14 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 17, 1873
9. AGE last birthday: 77 yrs. — If under 1 year: Months 2, Days 27 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardener
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edgar W. Horsey
14. MOTHER'S MAIDEN NAME: Mary Hickman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Fannie Ward Crisfield Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592 X Immediate cause (a) Acute Dis of Heart Uremia — 10 yrs

Antecedent cause(s)

131 a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Clinic Int Nephrit Clinic Nephritis — Yes

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): None m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 11, 1950, to Aug 14, 1950, that I last saw the deceased alive on August 13, 1950, and that death occurred at 2 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): George C. Coulbourn M.D. — ADDRESS: Morton Sta Md — DATE SIGNED: 8-14-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Aug 15, 1950 — NAME OF CEMETERY OR CREMATORY: Crisfield — LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REG.: August 14, 1950 — REGISTRAR'S SIGNATURE: Betty Massey — 24. FUNERAL DIRECTOR: Durward S. Covington — ADDRESS: Crisfield, Md.

90499

RECEIVED
AUG 21 1950
BUREAU V. S

08476

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH
COUNTY Somerset STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rumbley
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rumbley
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MELISSIA (Middle) C. (Last) MEREDITH

4. DATE OF DEATH: (Month) Aug. (Day) 6, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Mar. 28, 1867

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Rumbley, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Dize

14. MOTHER'S MAIDEN NAME: Fanny Tyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Arza Meredith--Rumbley, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

585X Immediate cause (a) Acute Myocardial failure 2 days — Interval Between Onset and Death

930 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Arteriosclerotic Hemiplegia

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1st, 1950, to Aug 6, 1950, that I last saw the deceased alive on ....., 19....., and that death occurred at 9:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thos. B. Wheatley M.D. ADDRESS Princess Anne Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug. 8, 1950

NAME OF CEMETERY OR CREMATORY: Fairmount Cemetery

LOCATION (City, town, or county) (State): Fairmount, Maryland

DATE REC'D BY LOCAL REG. 8/9/50

REGISTRAR'S SIGNATURE: R. S. Johnson, M. D.

24. FUNERAL DIRECTOR ADDRESS: Bradshaw Funeral Parlors, Crisfield

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 9 1950
BUREAU OF S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18477

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hopewell
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hopewell
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MAUDE (Middle) VIRGINIA (Last) MILLS

4. DATE OF DEATH: (Month) Aug. (Day) 10, (Year) 1950

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Aug. 2, 1873

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): Hopewell, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James H. Jones

14. MOTHER'S MAIDEN NAME: Henrietta Handy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Pearl Mills Ball--Hopwell, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Vascular Accident — 2 days

331X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

83a

(b) Hypertension

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) Crisfield (COUNTY) Somerset (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY, 1950, to AUG, 1950, that I last saw the deceased alive on AUGUST 9, 1950, and that death occurred at 8 20 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Alberta Mahaney Mattax M.D. Crisfield Maryland Aug 12th 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Aug. 13, 1950 | NAME OF CEMETERY OR CREMATORY: Hopewell Cemetery | LOCATION (City, town, or county) (State): Hopewell, Maryland

DATE REC'D BY LOCAL REG. 8/13/50 | REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS: Bradshaw Funeral Parlors, Crisfield

XVx99

RECEIVED
AUG 16 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08478

Reg. Dist. No. 360

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne
LENGTH OF STAY (In this place): all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Lavenia (Middle) E. (Last) Newman
4. DATE OF DEATH: (Month) 8 (Day) 24 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: July 1864 | 9. AGE last birthday: 86 yrs. | If under 1 year: Months 1 Days 6 | If under 24 hrs.: Hours — Min. 6am

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Marion Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Sidney C. Newman
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Guy B Beatty Pr. Anne, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 X Immediate cause (a) Cerebral Hemorrhage — 1 Week

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Don't Know

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Eye

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/19, 1950, to 8/23, 1950, that I last saw the deceased alive on 8/23, 1950, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE: D. Smith (Degree or title) ADDRESS: Princess Anne Md DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug 24 1950 | NAME OF CEMETERY OR CREMATORY: Mona Cemetery | LOCATION (City, town, or county): Marion (State): Md

DATE REC'D BY LOCAL REG. 8/25/50 | REGISTRAR'S SIGNATURE: R. F. Johnson, M.D. | 24. FUNERAL DIRECTOR: Dize Daniels | ADDRESS: Pr. Anne

52086 Md.

RECEIVED
AUG 28 1950
BUREAU V. S

08170

Evidence for changes in #8 & 9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 128 SEP 20 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mariners Section	STREET ADDRESS (If rural, give location) Mariners

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ELIZABETH (Last) PACKARD

4. DATE OF DEATH (Month) (Day) (Year) Aug. 29, 1950 19

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Feb. 28, 1872

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry L. Hardester

14. MOTHER'S MAIDEN NAME: Alice Lowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Luther Sterling--Mariners Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral thrombosis

332x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

83b

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive failure

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to August, 1950 that I last saw the deceased alive on Aug 29th, 1950, and that death occurred at 8:05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Alberta Malcarney Mattox Crisfield, Md

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF: Sept. 1, 1950 — NAME OF CEMETERY OR CREMATORY: Crisfield, Cemetery — LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG.: 9/1/50 — REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS: Bradshaw Funeral Parlors, Crisfield

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

SEP 1 1960
BUREAU

08480

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (In this place) 52 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Washington (Last) Powell

4. DATE OF DEATH (Month) Aug (Day) 10 (Year) 1950

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH April 15, 1872

9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming (Owner)

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Francis Powell

14. MOTHER'S MAIDEN NAME Rosa Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT AND ADDRESS Mrs. George W. Powell Pr. Anne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4214 Immediate cause (a) Heart Condition (Valvula)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

92d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) New Pr Anne (COUNTY) Somerset (STATE) Md

TIME OF INJURY (Month) 8 (Day) 10 (Year) 1920 (Hour) 845 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Several years, 19 , to , 19 , that I last saw the deceased alive on 8/9, 1950, and that death occurred at 8/10 845 pm m., from the causes and on the date stated above.

SIGNATURE P. Smith M.D. (Degree or title) ADDRESS Princess Anne Md DATE SIGNED 8/12-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Aug. 13, 1950

NAME OF CEMETERY OR CREMATORY Manokin Presbyterian

LOCATION (City, town, or county) Princess Anne, Md (State)

DATE REC'D BY LOCAL REG. 8/13/50

REGISTRAR'S SIGNATURE R. H. Johnson, M.D. Jr.

24. FUNERAL DIRECTOR Lewis R. Wilson ADDRESS Princess Anne, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 16 1950
BUREAU V. S

08481

Evidence for change in 18 & 19b shown on:

FILM No. G 127 AUG 28 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingston
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WINNIE (Middle) MAE (Last) ROWLEY
4. DATE OF DEATH (Month) (Day) (Year) Aug. 11, 1950 19

5. SEX female
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1923
9. AGE last birthday 27 yrs. If under 1 year Months Days If under 24 hrs. Hours Mfn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer
10b. KIND OF BUSINESS OR INDUSTRY Seafood Industry
11. BIRTHPLACE (State or foreign country) Rehobeth, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Luke Rowley
14. MOTHER'S MAIDEN NAME Manie Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Luke Rowley--Kingston, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coming Condition Anesthetic Death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pelvic Peritonitis, not complicated by puerperal condition

(c)

626x
30g
029x

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Syphilis,

19a. DATE OF OPERATION Aug 11 50
19b. MAJOR FINDINGS OF OPERATION Pelvic Peritonitis Probably miscarriage 3 months ago Adhesions (8/28/50 akc)
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) Aprile 11 4 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1950, to Aug 11, 1950, that I last saw the deceased alive on Aug 11, 1950, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE George C. Coulbourn M.D. (Degree or title) ADDRESS Marion Stand DATE SIGNED 8.14 50

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF 8/15/50
NAME OF CEMETERY OR CREMATORY Marumsco Cemeteryn
LOCATION (City, town, or county) (State) Marumsco, Maryland

DATE REC'D BY LOCAL REG. August 14/50
REGISTRAR'S SIGNATURE Betty Massey
24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors, Crisfield

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

988V1

RECEIVED
AUG 21 1950
BUREAU V. S.

08482

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield | LENGTH OF STAY (in this place) 32 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS County Wharf--Broad St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Dorchester COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holland Island
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) IRA (Middle) T. (Last) TODD, SR.
4. DATE OF DEATH (Month) (Day) (Year): Aug. 12, 1950 19

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: June 15, 1887
9. AGE last birthday: 63 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): waterman
10b. KIND OF BUSINESS OR INDUSTRY: For Himself
11. BIRTHPLACE (State or foreign country): Holland Island, Md.
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Major C. Todd, Sr.
14. MOTHER'S MAIDEN NAME: Elizabeth Webster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: I. T. Todd, Jr.--Hall Highway Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

850.8 Immediate cause (a) Accidental Drowned - fell in

172 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) water was lied down & fret
(c) up with roop around there due through rough sea & alter

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Drowned Accidental

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Bloody Point | (CITY OR TOWN): Crisfield | (COUNTY): Somerset | (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 12 1950 11 a.m. | INJURY OCCURRED While at Work X / Not While At work ☐ | HOW DID INJURY OCCUR? Fell over board of Boat. He was Dead when I saw him

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on 8-11, 1950, and that death occurred at 1 a.m., from the causes and on the date stated above.
SIGNATURE: W. H. Houlbrooke M.D. (Degree or title) | ADDRESS: Crisfield, Md | DATE SIGNED: 8-12-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug. 14, 1950 | NAME OF CEMETERY OR CREMATORY: Sunnyridge Cemetery | LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG. 8/14/50 | REGISTRAR'S SIGNATURE: Betty W. Tyler | 24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors, ADDRESS: Crisfield

90044

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 16 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18483

Reg. Dist. No. 268

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chance Md — LENGTH OF STAY (in this place) hospital
HOSPITAL OR INSTITUTION OR STREET ADDRESS At Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne Md
STREET ADDRESS (If rural, give location) Chance Md Near Deal Island

3. NAME OF DECEASED (Type or Print): (First) William — (Middle) R. — (Last) White
4. DATE OF DEATH: (Month) Aug. — (Day) 23 2 — (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Sept. 15 - 1868
9. AGE last birthday: 81 yrs. — If under 1 year: Months 11 — Days 8 — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oysterman Sailor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Chance Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm White
14. MOTHER'S MAIDEN NAME: Louise Zigner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Ada White Chance Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Bronchitis	6 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Paralysis	5 years
	(c)	

352X
83d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1949, to Aug 23, 1950, that I last saw the deceased alive on Aug 22, 1950, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Elbon G. Marshman — ADDRESS: Princess Anne, Md — DATE SIGNED: 8.25.50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)	ADDRESS
Burial	Aug 27-50	Chance M.E.	Chance Somerset Co Md	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 26-50	Lulu T. Whatley.	W. Gillis Tull	Deal Island Md

9/1/50

9001

RECEIVED
SEP 8 1950
BUREAU V. S.

08484

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS S. 9th St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS Paper St. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) RAYMOND (Middle) (Last) WILLIAMS
4. DATE OF DEATH (Month) Aug. 26 (Day) 1950 (Year) 19

5. SEX male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH July 4, 1909
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) concrete layer
10b. KIND OF ~~BUSINESS OR~~ INDUSTRY construction
11. BIRTHPLACE (State or foreign country) Marion, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Frank Williams
14. MOTHER'S MAIDEN NAME Lucy Horsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Dorothy Williams--Paper St. Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

981X Immediate cause (a) Homicide Pistol Shot

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) wound in Left Chest -

166 (c) Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Dr. Street (CITY OR TOWN) Crisfield (COUNTY) Somerset (STATE) Md
TIME OF INJURY (Month) July (Day) 26 (Year) 1950 (Hour) A m.
INJURY OCCURRED While at Work No Not While At work X
HOW DID INJURY OCCUR? Shot with pistol

22. I hereby certify that I attended the deceased from Died on Aug 26 19 50, to Aug 26 19 50, that I last saw the deceased alive on Dead when I saw her 7:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. H. Cornelius M D ADDRESS Crisfield Md DATE SIGNED Aug 30 50

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF Aug. 29, 1950
NAME OF CEMETERY OR CREMATORY Branch Cemetery
LOCATION (City, town, or county) Marion, Maryland (State)

DATE REC'D BY LOCAL REG. 8/29/50
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield ADDRESS

496V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2 1950
BUREAU Y. S